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BUREAU OF VI	BOARD OF HEALTH TAL STATISTICS IFICATE OF BIRTH State File No. 29
County Ala	State arisona
	or Village
Mignish displifal	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Caward Xullu	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other 6. Legitimate? 7. Date of birth Worth Day Year	
8. FATHER	14. MOTHER
Full name Edward a. Sullivan	Full maiden name Cathering Mc Call
9. Residence (Usual place of abode) Wiami,	15 Residence (Usual place of abode) Muanu.
If non-resident, give place and state. Wyona.	If non-resident, give place and state. What.
10. Color or race	16 Color or race
Cauc. 11. Age at last birthday 22 (Years)	CuC- 17. Age at last birthday / (Yours)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation WWW.	19. Occupation
Nature of Industry Munica	Nature of industry Housewife
20. Number of children of this mother	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive b	or now desa
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 7 30 P	
I hereby certify that I attended the birth of this child, who was the date above stated (Bornyalive on stillborg)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breather nor	
shows other evidence of life after birth.	Miami. Orianna.
a supplemental report Month, day, year Address	
525 - 1019 - 3 13 Piled June 20, 19 1 6 6 Domy Registrar Registrar	
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